## CureTB Contact Information

Referred by:	_ E-Mail: _			Date:	
Index Case:		Date of Birth:		Sex:	] M □ F
Contact's Name:		_ Sex:	F Date of Bi	rth:	
Relationship to case:	Previous BC	<b>G:</b> Yes, Yr	No	) U1	nknown
<b>Risk Factor:</b> $\square$ Child $\leq 5$ yrs old $\square$ HIV/AID	OS Im	munosuppression			
Contact's Address:					
Number, Street			Ph.:		
City, State, Zip Code	TST Current Treatment				
Health Center and/or Physician:	Date	Result	Medication	Start	Finish
Health Center:					
Physician:					
Ph.:					
C 4 A N		с Пи <b>г</b>		43	
Contact's Name: Sex: M F Date of Birth:					
Relationship to case:	Previous BC	<b>G:</b> Yes, Yr	No	Uı	nknown
<b>Risk Factor:</b> $\square$ Child $\leq 5$ yrs old $\square$ HIV/AID	OS Im	munosuppression			
Contact's Address:					
			Ph.:		
City, State, Zip Code	TST		Current Treatment		
		191	Currer	ıt Treatm	ent
Health Center and/or Physician:	Date	Result	Currer Medication	t Treatm Start	ent Finish
Health Center:		1			
·		1			
Health Center:		1			
Health Center: Physician:		1			
Health Center: Physician:	Date	Result	Medication	Start	Finish
Health Center:  Physician: Ph.:  Contact's Name: Type of contact:  Household  Work  Ca	Date asual	Sex: M COther (Specify):	Medication    F Date of Bi	Start	Finish
Health Center:  Physician: Ph.:  Contact's Name:  Type of contact:  Household  Work  Carelationship to case:	Date  asual  Previous BC	Sex: M COther (Specify): G: Yes, Yr.	Medication    F Date of Bi	Start start	Finish
Health Center:  Physician: Ph.:  Contact's Name:  Type of contact:  Household  Work  Carelationship to case:	Date  asual  Previous BC	Sex: M COther (Specify):	Medication    F Date of Bi	Start start	Finish
Health Center:  Physician:  Ph.:  Contact's Name:  Type of contact: ☐ Household ☐ Work ☐ Carle Relationship to case: ☐ HiV/AID  Contact's Address:	Date  asual  Previous BC	Sex: M COther (Specify): G: Yes, Yr.	Medication    F Date of Bi	Start start	Finish
Health Center:  Physician:  Ph.:  Contact's Name:  Type of contact: ☐ Household ☐ Work ☐ Carle Relationship to case:  Risk Factor: ☐ Child ≤ 5 yrs old ☐ HIV/AID  Contact's Address:  Number, Street	Date  asual  Previous BC	Sex: M COther (Specify): G: Yes, Yr.	Medication    F Date of Bi	rth:	Finish
Health Center:  Physician:  Ph.:  Contact's Name:  Type of contact: ☐ Household ☐ Work ☐ Carle Contact's Address:  Contact's Address:  Number, Street  City, State, Zip Code	asual  Previous BC  DS  Im	Sex: M Cother (Specify): G: Yes, Yr. munosuppression	Medication    F Date of Bi   No	rth:U	Finish
Health Center:	asual  Previous BC  DS  Im	Sex: M COther (Specify): G: Yes, Yr.	Medication    F Date of Bi   No	rth:	Finish
Health Center:  Physician:  Ph.:  Contact's Name:  Type of contact: ☐ Household ☐ Work ☐ Carle Contact's Address:  Contact's Address:  Number, Street  City, State, Zip Code	asual  Previous BC  OS Im	Result  Sex: M COther (Specify): G: Yes, Yr. munosuppression	Medication  F Date of Bi  Ph.:  Currer	rth:U	nknown
Health Center:	asual  Previous BC  OS Im	Result  Sex: M COther (Specify): G: Yes, Yr. munosuppression	Medication  F Date of Bi  Ph.:  Currer	rth:U	nknown

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